

# Pay Information and Designation Form—Organ and Bone Marrow Leave

## DURING A CONTINUOUS, APPROVED LEAVE OF ABSENCE

**Action Required!**  
Complete all sections of form and return to your supervisor prior to your leave start date.  
**Return to PG&E.**

Employee Name: \_\_\_\_\_ Personnel Number: \_\_\_\_\_

- This form is not needed for intermittent leaves of absence or Personal or Educational Leaves.
- This form is not needed if you are covered under PG&E's Voluntary Disability and paid Family Leave Benefit Plan (Voluntary Plan).
- Vacation and Floating Holidays are not applicable to *Hiring Hall employees* and are subject to normal department rules for approval.
- Foreseeable leaves: Return to your supervisor one-week before your continuous leave of absence begins. If not foreseeable, return as soon as possible.
- Designation changes will only be made for urgent and substantial circumstances.
- You may not use paid time (i.e., sick, vacation, etc.) on an intermittent or reduced schedule basis while you are on a continuous unpaid leave, including requesting pay in the middle of your leave.

**Timely requests for paid or unpaid absences and time entries will reduce the potential for overpayments. Employees who are overpaid are responsible for reconciliation through the payroll department.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### See the appendix for additional information on pay during this leave.

#### Organ Donor:

- You are eligible for up to 30 days of paid leave in any 12-month period.
- You are required to use up to two (2) weeks of your available paid time first. Available sick pay must be used and exhausted prior to available vacation pay. If your **organ donor** leave extends beyond two (2) weeks, the remaining portion of your 30 day leave will be paid by the company.

#### Bone Marrow Donor:

- You are eligible for up to five (5) days paid leave in any 12-month period.
- You are required to use up to five (5) days of your available paid time first. Available sick pay must be used and exhausted prior to available vacation pay.

**Medical Leave** (Other than Pregnancy) Estimated First day of Absence: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*If you remain off work beyond the timeframes described above, you are subject to the company pay policies for use of paid time during a medical leave of absence. When on a leave for your own medical condition, you are **required** to utilize all of your sick pay or capped sick time first. If you've opted out of the Voluntary Plan, you can request to use vacation or floating holidays after all sick pay and capped sick ends. Please see the Pay Information documents on under the [Related Documents and Resources for Leaves of Absence](#) on mypgebenefits.com.*

#### **For Vacation Pay**

Use all available while on leave

**OR**  Number of Days: \_\_\_\_ **or** Hours: \_\_\_\_ (confirm available amount with Time Keeper)

#### ➤ **For Floating Holidays**

Use all available while on leave

**OR**  Number of Days: \_\_\_\_ **or** Hours: \_\_\_\_ (confirm available amount with Time Keeper)

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### **ACTION REQUIRED BY SUPERVISOR:**

1. I  approve/  deny the pay request. (check one)
2. First Unpaid date of absence is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Provide a copy of the form to your timekeeper to ensure appropriate time entries are made.
4. Provide completed form by fax to the PG&E Leave Team at 925-459-6124 or email to [PGELeaveteam@pge.com](mailto:PGELeaveteam@pge.com).

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_